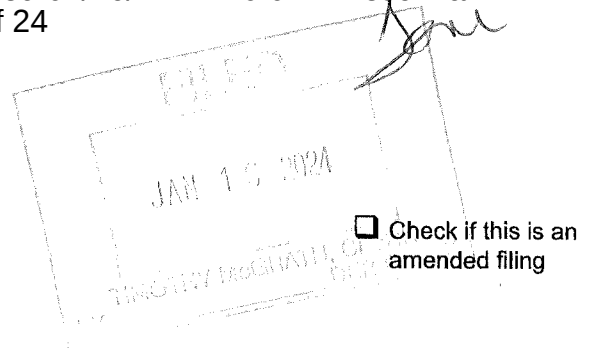


Fill in this information to identify your case:

Debtor 1	Karen	Carolyn	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u> District of Pennsylvania <input type="checkbox"/>			
Case number (if known)	23-13840-amc		



☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim Priority amount Nonpriority amount

2.1

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number	Street	When was the debt incurred?		
City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.			<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 and Debtor 2 only			Type of PRIORITY unsecured claim:	
<input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Domestic support obligations	
<input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Taxes and certain other debts you owe the government	
Is the claim subject to offset?			<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
<input type="checkbox"/> No			<input type="checkbox"/> Other. Specify	
<input type="checkbox"/> Yes				

2.2

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number	Street	When was the debt incurred?		
City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.			<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 and Debtor 2 only			Type of PRIORITY unsecured claim:	
<input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Domestic support obligations	
<input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Taxes and certain other debts you owe the government	
Is the claim subject to offset?			<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
<input type="checkbox"/> No			<input type="checkbox"/> Other. Specify	
<input type="checkbox"/> Yes				

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No, You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	American Credit Card Solution Nonpriority Creditor's Name 5275 Westview Drive Number Street Fredenick MD 21703 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 4 0 2</u> When was the debt incurred? <u>10/23/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Cards</u>	Total claim \$ <u>12,615.00</u>
-----	---	--	---

4.2	Afterpay Nonpriority Creditor's Name 760 Market Street Number Street Sanfrancisco CA 94102 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 0 8 3</u> When was the debt incurred? <u>11/07/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	Total claim \$ <u>84.11</u>
-----	---	---	---------------------------------------

4.3	Capital One Nonpriority Creditor's Name PO BOX 31293 Number Street Salt Lake City UT 84131 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 9 8 3</u> When was the debt incurred? <u>10/17/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	Total claim \$ <u>2,431.00</u>
-----	---	--	--

Debtor 1 Karen Carolin Grant
First Name Middle Name Last Name

Case number (if known) 23-13840-amc

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim



Capital One

Nonpriority Creditor's Name

PO BOX31293

Number Street
Salt Lake City UT 84131
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 1 8 6 5

\$ 1,497.00

When was the debt incurred? 10/23/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard



Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street
Salt Lake City UT 84131
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 7 3 2 5

\$ 742.00

When was the debt incurred? 10/17/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard



Finger HutWebbank

Nonpriority Creditor's Name

13300 PioneerTrail

Number Street
Eden Prairie MN 55347
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 6 1 9 8

\$ 1,305.00

When was the debt incurred? 12/10/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Debtor 1 Karen Carolyn Grant
First Name Middle Name Last Name

Case number (if known) 23-13840-amc

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Frist Advantage

Name

205 Bryant Woods South

Number Street

Amherst

NY

14228

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 6 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Debtor 1 Karen Carolyn Grant
First Name Middle Name Last Name

Case number (if known) 23-13840-amc

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim

Total claims
from Part 2

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

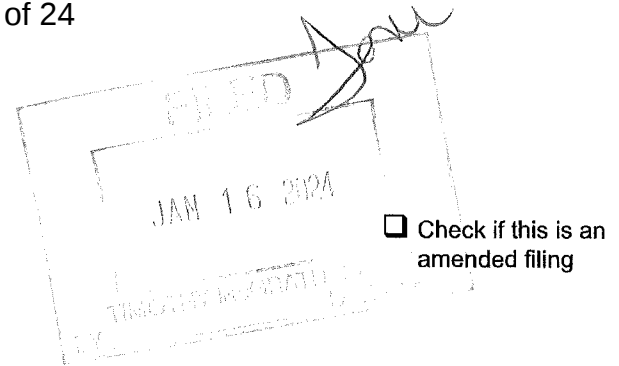
6i. + \$ 18,674.11

6j. Total. Add lines 6f through 6i.

6j. \$ 18,674.11

Fill in this information to identify your case:

Debtor 1	Karen	Carolyn	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern		District of Pennsylvania
Case number (If known)	23-13840-amc		



Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			

2.2

Priority Creditor's Name Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
--	--	--	--

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$ \$ \$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<div><div>One Main</div><div>Nonpriority Creditor's Name</div><div>PO Box 1010</div><div>Number Street</div><div>Evansville IN 47706</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input checked="" type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number 3 1 9 8</div> <div>When was the debt incurred? 10/06/2021</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Unsecured Loan</div>
		\$ 4,114.96

4.2	<div><div>Portfolio Recovery Associates</div><div>Nonpriority Creditor's Name</div><div>120 Corporate Blvd Ste 100</div><div>Number Street</div><div>Norfolk VA 23502</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input checked="" type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number 9 9 4 8</div> <div>When was the debt incurred? 08/22/2019</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Credit Card</div>
		\$ 744.00

4.3	<div><div>Prosper</div><div>Nonpriority Creditor's Name</div><div>221 Main Street 3rd Floor</div><div>Number Street</div><div>Sanfrancisco CA 94105</div><div>City State ZIP Code</div></div> <div><div>Who incurred the debt? Check one.</div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No</div><div><input checked="" type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number 8 1 6 9</div> <div>When was the debt incurred? 09/26/2021</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Unsecured Loan</div>
		\$ 3,750.00

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

PECO

Nonpriority Creditor's Name

PO Box 37629

Number Street

Philadelphia

PA

19101

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☒ YesLast 4 digits of account number 6 0 4 8\$ 617.60When was the debt incurred? 04/17/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Electric Bill

4.5

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

PA

84131

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☒ YesLast 4 digits of account number 6 0 4 8\$ 741.00When was the debt incurred? 04/17/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Portfolio Recovery Associates

Name

120 Corporate Blvd

Number Street

Riverside Commerce Center Ste 100

Norfolk VA 23502

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 4 0 6

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims.
Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim**Total claims
from Part 2**

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.

6i. + \$ 9,967.56

6j. Total. Add lines 6f through 6i.

6j. \$ 9,967.56

Fill in this information to identify your case:

3 of 24

Debtor 1	Karen	Carolyn	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>	District of Pennsylvania <input type="checkbox"/>		
Case number (If known)	23-13840-amc		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

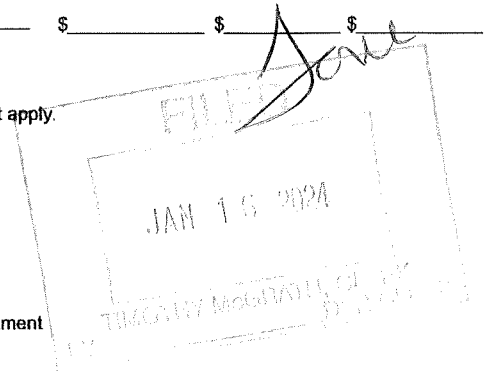
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$ _____	\$ _____	\$ _____
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

2.2

Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
--	--



Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

American Credit Card solution

Nonpriority Creditor's Name

5275 Westview Drive

Number Street

Fredenick

City

MD

State

21703

ZIP Code

Last 4 digits of account number 5 4 0 2When was the debt incurred? 10/27/2022

Total claim

\$ 2,934.00

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Debt Settlement

4.2

Afterpay

Nonpriority Creditor's Name

760 Markret Street

Number Street

San Francisco

City

CA

State

94102

ZIP Code

Last 4 digits of account number 7 0 8 3When was the debt incurred? 10/17/2023\$ 84.11

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card

4.3

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number Street

Salt Lake City

City

UT

State

84131

ZIP Code

Last 4 digits of account number 1 9 8 3When was the debt incurred? 09/03/2016\$ 2,431.00

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number

Street

Salt Lake City

UT

84131

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☒ YesLast 4 digits of account number 1 8 6 5\$ 1,497.00When was the debt incurred? 01/05/2024

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.5

Capital One

Nonpriority Creditor's Name

PO Box 31293

Number

Street

Salt Lake City

UT

84131

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☒ YesLast 4 digits of account number 7 3 2 5\$ 742.00When was the debt incurred? 03/17/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.6

Finger Hut/ Web Bank

Nonpriority Creditor's Name

PO Box 31293

Number

Street

Salt Lake City

UT

84131

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☒ YesLast 4 digits of account number 6 1 9 8\$ 1,305.00When was the debt incurred? 03/22/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Radius Global Solutions LLC

Name

7831 Glenroy ROAD

Number Street

Suite 250

MINNEAPOLIS MN 55439

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 8 0 5

Frist Advantage

Name

205 Bryant Wood South

Number Street

Amherst NY 14228

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 6 3

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. \$ _____
6b. Taxes and certain other debts you owe the government	6b. \$ _____
6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
6e. Total. Add lines 6a through 6d.	6e. <div style="border: 1px solid black; padding: 2px;">\$ _____</div>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. \$ _____
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 8,993.11
6j. Total. Add lines 6f through 6i.	6j. <div style="border: 1px solid black; padding: 2px;">\$ 8,993.11</div>

Fill in this information to identify your case:

Debtor 1	Karen	Carolyn	Grant
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	23-13840-amc		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name _____

 Number Street _____

 City State ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

2.2

Priority Creditor's Name _____

 Number Street _____

 City State ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

JAN 15 2024
 THOMSON REUTERS
 BANKRUPTCY COURT

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority amount Nonpriority amount

Priority Creditor's Name Last 4 digits of account number \$ \$ \$

Number Street When was the debt incurred?

City State ZIP Code As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Priority Creditor's Name Last 4 digits of account number \$ \$ \$

Number Street When was the debt incurred?

City State ZIP Code As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Priority Creditor's Name Last 4 digits of account number \$ \$ \$

Number Street When was the debt incurred?

City State ZIP Code As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Colony/Ginnys	Last 4 digits of account number		9 6 3 0	Total claim	
	Nonpriority Creditor's Name	When was the debt incurred?		01/24/2012	\$	257.00
	1112 7th					
	Number Street					
	Monroe WI 53566					
	City State ZIP Code					
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only						
<input type="checkbox"/> Debtor 2 only						
<input type="checkbox"/> Debtor 1 and Debtor 2 only						
<input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input checked="" type="checkbox"/> Yes						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input checked="" type="checkbox"/> Disputed						
Type of NONPRIORITY unsecured claim:						
<input type="checkbox"/> Student loans						
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts						
<input checked="" type="checkbox"/> Other. Specify Credit Card						

4.2	Lvnv	Last 4 digits of account number		7 3 4 1	Total claim	
	Nonpriority Creditor's Name	When was the debt incurred?		03/15/2019	\$	1,204.00
	Po Box 1269					
	Number Street					
	Greenville SC 29602					
	City State ZIP Code					
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only						
<input type="checkbox"/> Debtor 2 only						
<input type="checkbox"/> Debtor 1 and Debtor 2 only						
<input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input checked="" type="checkbox"/> Yes						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input checked="" type="checkbox"/> Disputed						
Type of NONPRIORITY unsecured claim:						
<input type="checkbox"/> Student loans						
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts						
<input checked="" type="checkbox"/> Other. Specify Credit Card						

4.3	Mission Lane Tab Bank	Last 4 digits of account number		0 4 4 6	Total claim	
	Nonpriority Creditor's Name	When was the debt incurred?		12/29/2021	\$	898.78
	Po Box 105286					
	Number Street					
	Atlanta GA 30304					
	City State ZIP Code					
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only						
<input type="checkbox"/> Debtor 2 only						
<input type="checkbox"/> Debtor 1 and Debtor 2 only						
<input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No						
<input checked="" type="checkbox"/> Yes						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input type="checkbox"/> Disputed						
Type of NONPRIORITY unsecured claim:						
<input type="checkbox"/> Student loans						
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts						
<input checked="" type="checkbox"/> Other. Specify CreditCard						

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Montgomery Wards

Nonpriority Creditor's Name

1112 7th Ave

Number Street

Monroe

WI

53566

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number 9 2 9 0

\$ 722.00

When was the debt incurred? 11/01/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

MMT Philly LLC

Nonpriority Creditor's Name

100 South Board Street

Number Street

Philadelphia

PA

10110

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number 1 6 1 6

\$ 2,008.74

When was the debt incurred? 12/13/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify FEES

NYC H+H Hospital Billing

Nonpriority Creditor's Name

PO Box 21641

Number Street

New York

NY

10087

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number 2 3 6 7

\$ 247.40

When was the debt incurred? 04/04/2022

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical BILL

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Credit Control LLC

Name

3300 Rider Trail S

Number Street

Suite 500

Earth City

MO

63045

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 3 4 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim**Total claims
from Part 2**

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 5,337.92

6j. Total. Add lines 6f through 6i.

6j. \$ 5,337.92